



Douglas A. Ducey  
Governor

State Of Arizona Board of Podiatry Examiners  
1400 W. Washington, Ste. 230  
Phoenix, AZ 85007  
[www.podiatry.az.gov](http://www.podiatry.az.gov)  
(602) 542-3095

**APPLICATION TO PRACTICE AS A  
DOCTOR OF PODIATRIC MEDICINE IN THE STATE OF ARIZONA**

Please Designate The Category Of Your Application:

☐ Application for Regular Podiatry License.

☐ Application by Podiatry License by Comity of my license issued by the State of \_\_\_\_\_ or County of \_\_\_\_\_.

A non-refundable fee of \$450.00 for the State examination must be included with your application. (Check, cashier's check or money order made payable directly to the Arizona Board of Podiatry Examiners.) Please be advised, all application materials become the permanent property of the Board and will not be returned.

**Please type or print clearly in black ink. All questions must be answered with the requested information, or you may state "none" or "N/A" if appropriate. You may not leave any question blank.**

**1.a. Legal Name:**

\_\_\_\_\_  
Last Name First Name Full Middle Name

**1.b. List all other or former names, and maiden name if applicable, or state "N/A":**

\_\_\_\_\_

**2. Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **3. Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. Citizenship Status**

Are you a United States Citizen? \_\_\_\_ Yes \_\_\_\_ No

Are you a legal resident authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

(You must submit proof of citizenship/legal resident status with your application. Please see the "Statement of Citizenship Form" and instructions.)

**5. Residential Address: (This address will be public information if no other address is given.)**

\_\_\_\_\_  
Street Address Apt. or unit #

\_\_\_\_\_  
City State Zip

**6. Telephone Number (\_\_\_\_) \_\_\_\_\_ Alt. # (\_\_\_\_) \_\_\_\_\_**

**7. Business Address:**

\_\_\_\_\_  
Street Address Suite #

\_\_\_\_\_  
City State Zip (\_\_\_\_) Telephone Number

**8. Podiatric Medical School:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Entrance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**9. Internship / Residency Training in Podiatric Medicine:**

Name of Facility: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Entrance: \_\_\_\_/\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**10. Complete the following information for any other healthcare practitioner license you have ever held: (Attach extra pages if necessary.)**

State (or country and state/territory)	Type of License (Podiatrist or other)	License #

**11. Have you taken and passed:**

NBPME Part I? \_\_\_\_ Yes \_\_\_\_ No If yes, list date passed: \_\_\_\_\_

NBPME Part II? \_\_\_\_ Yes \_\_\_\_ No If yes, list date passed: \_\_\_\_\_

NBPME Part III / PMLexis? \_\_\_\_ Yes \_\_\_\_ No If yes, list date passed: \_\_\_\_\_

**12. You are required to answer each of the questions asked below:**

<b>a.</b> Have you ever been convicted of, or entered a plea of “no contest” or “nolo contendere” to, a felony or a misdemeanor involving moral turpitude?*	____ Yes ____ No
<b>b.</b> Have you ever had an application for a license, certification, or registration, (other than a driver’s license), denied or rejected by any state or jurisdiction?	____ Yes ____ No
<b>c.</b> Have you ever had a license, certification, or registration, (other than a driver’s license), disciplined, suspended or revoked by any state or jurisdiction?	____ Yes ____ No
<b>d.</b> Have you ever entered into a consent agreement or stipulated agreement with any state or jurisdiction?	____ Yes ____ No
<b>e.</b> Have you ever committed any act, or engaged in any conduct, which would constitute grounds for disciplinary action against you pursuant to Arizona Revised Statutes, Title 32, Chapter 7?	____ Yes ____ No
<b>f.</b> Have you ever been named as a Defendant in any medical malpractice matter that resulted in a settlement or judgment against you?	____ Yes ____ No
<b>g.</b> Have you ever had your privileges to practice at any healthcare institution restricted, sanctioned, withdrawn or revoked? (Voluntarily or involuntarily.)	____ Yes ____ No
<b>h.</b> Have you ever had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, restricted or denied, or have you ever surrendered such a registration in lieu of formal action?	____ Yes ____ No
<b>i.</b> Have you ever had your participation in any insurance reimbursement program, whether private or government, revoked or withdrawn?	____ Yes ____ No
<b>j.</b> Do you currently have any physical or mental condition which impairs, limits, or in any way affects your ability to safely and competently engage in the practice of podiatry?	____ Yes ____ No

\* To obtain a list of misdemeanors which are considered “moral turpitude” please contact the Board’s office.

(If you answered "yes" to any of the questions in section 12, you must attach to this application a written, narrative explanation of your answer which must include all relevant dates, locations, and names of persons, facilities and jurisdictions. You must also attach copies of all related documents such as police reports, criminal convictions/plea agreements, disciplinary actions, malpractice settlements or judgments, etc.)

**13. If you are applying for license by comity ONLY:**

Have you been actively involved in the practice of podiatry for at least five..... Yes \_\_\_\_ No \_\_\_\_  
out of the last seven years?

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**ARIZONA REVISED STATUTES §32-3208 REQUIRES THAT A LICENSE APPLICANT WHO HAS BEEN CHARGED WITH ANY FELONY, OR A MISDEMEANOR INVOLVING CONDUCT WHICH MAY AFFECT PATIENT SAFETY, AFTER SUBMITTING THE APPLICATION SHALL NOTIFY THE LICENSING BOARD WITHIN TEN DAYS AFTER THE CHARGE IS FILED. ALL FELONY CHARGES MUST BE REPORTED. A LIST OF REPORTABLE MISDEMEANORS IS AVAILABLE ON THE BOARD'S WEBSITE OR BY CONTACTING THE BOARD'S OFFICE.**

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Title II of the Americans With Disabilities Act prohibits the Board Of Podiatry Examiners from discriminating on the basis of disability in its examinations. Individuals with disabilities who need a reasonable accommodation to take any examination for licensure, or who require this information in an alternate format should contact the Executive Director at least 72 hours prior to the examination date.

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**AFFIRMATION**

I, \_\_\_\_\_, being first duly sworn upon my oath, depose and say: that I am the person herein named subscribing to this application; that I have read the statutes and rules regarding licensure; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Podiatric Medicine as prescribed by this application; that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all hospitals, institutions or organizations, any references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Podiatry Examiners or its successors any information, files or records, including personal medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application, or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of podiatry. I further authorize the Arizona Board of Podiatry Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to the application or any subsequent licensure. I hereby release the Arizona Board of Podiatry Examiners from any liability arising out of the furnishing or inspection of such information. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_) **(Notary Seal Here)**

County of \_\_\_\_\_)

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Notary Public Signature** \_\_\_\_\_ **My Commission expires** \_\_\_\_\_

**ATTACH TWO PHOTOS:**